

WAWD - Application for Leave to Appear Pro Hac Vice (Revised 12/26/12)

**United States District Court
Western District of Washington**

State of Washington

Plaintiff(s)

Case Number: 3:17-cv-05690-BHS

V.

FRANCISCAN HEALTH SYSTEM
d/b/a CHI FRANCISCAN HEALTH;
FRANCISCAN MEDICAL GROUP;
THE DOCTORS CLINIC A

Defendant(s)

**AMENDED
APPLICATION FOR LEAVE TO APPEAR
PRO HAC VICE**

Pursuant to LCR 83.1(d) of the United States District Court for the Western District of Washington,

Mitchell D. Raup hereby applies for permission to appear
and participate as counsel in the above entitled action on behalf of the following party or parties:

Franciscan Health System d/b/a CHI Franciscan Health; Franciscan Medical Group; Westsound Orthopaedics, P.S.

The particular need for my appearance and participation is:

Specialized experience in Antitrust Law.

I, Mitchell D. Raup understand that I am charged with knowing and
complying with all applicable local rules;

I have not been disbarred or formally censured by a court of record or by a state bar association;
and there are not disciplinary proceedings against me.

I declare under penalty of perjury that the foregoing is true and correct.

Date: Oct. 25, 2017

Signature of Applicant: s/ Mitchell D. Raup

Pro Hac Vice Attorney

Applicant's Name: Mitchell D. Raup

Law Firm Name: Polsinelli, PC

Street Address 1: 1401 Eye Street N.W.

Address Line 2: Suite 800

City: Washington State: District of Columbia Zip: 20005

Phone Number w/ Area Code 202.626.8352 Bar # 459372 State District of Columbia

Primary E-mail Address: mraup@polsinelli.com Secondary E-mail Address: _____

STATEMENT OF LOCAL COUNSEL

I am authorized and will be prepared to handle this matter, including trial, in the event the applicant Mitchell D. Raup is unable to be present upon any date assigned by the court.

Date: 10/25/2018 Signature of Local Counsel: s/ Scott M. O'Halloran

Local Counsel's Name: Scott M. O'Halloran

Bar # 25236

Law Firm Name: FAVROS LAW

Street Address 1: 1301 A Street

Address Line 2: Suite 900

City: Tacoma

State: Washington

Zip: 98402

Phone Number w/ Area
Code Example: 999-999-9999

253.328.7812

Electronic Case Filing Agreement

By submitting this form, the undersigned understands and agrees to the following:

1. The CM/ECF system is to be used for filing and reviewing electronic documents, docket sheets, and notices.
2. The password issued to you by the court, combined with your login, serves as your signature under Federal Rule of Civil Procedure 11. Therefore, you are responsible for protecting and securing this password against unauthorized use.
3. If you have any reason to suspect that your password has been compromised in any way, you are responsible for immediately notifying the court. Members of the court's systems staff will assess the risk and advise you accordingly.
4. By signing this Registration Form, you consent to receive notice electronically, and to waive your right to receive notice by personal service or first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(C), except with regard to service of a complaint and summons. This provision *does* include electronic notice of the entry of an order or judgment.
5. You will continue to access court information via the Western District of Washington's internet site or through the Public Access to Court Electronic Records (PACER) system. You will continue to need a PACER login, in addition to the court-issued password. You can register for PACER at their web site: <http://pacer.psc.uscourts.gov>.
6. By this registration, the undersigned agrees to abide by the rules and regulations in the most recent General Order, the Electronic Filing Procedures developed by the Clerk's Office, and any changes or additions that may be made to such administrative procedures in the future.

s/ Mitchell D. Raup

Signature (use an "s/" and type your name)

Oct. 25, 2017

Date Signed